No. 2
-2-43
17-39
X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29252

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 222

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37

(c) City or town Morrison, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Emil Jordi

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Kate Jordi

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March (Month) 1st (Day) 1873 (Year)

8. AGE: Years 74 Months 6 Days — If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Andrew Jordi
13. Birthplace Switzerland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Magdalena Neukomm
15. Birthplace St Louis mo (City, town, or county) (State or foreign country)

16. (a) Informant Kate Jordi

(b) Address Morrison Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Morrison Mo

18. (a) Signature of funeral director Plummert Funeral Com.

(b) Address Morrison, Missouri

19. (a) 10-1-48 (Date received local registrar) (b) A. G. Dorris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1 year 1948 hour minute 11 a M.

21. I hereby certify that I attended the deceased from 11-16-~~47~~, 1947 to Oct 1, 1948 that I last saw b in alive on Oct 1, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer prostate

Due to with metastases

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations as above in 1947

Of autopsy none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature Edw Maurer (M. D. or other)
Address Jefferson City Mo Date signed 10-1-48

(Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
Date Filed OCT 8 1948

MAY 8 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Ferd P Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.